

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Douglas M. Gooding Department of Corporations 1390 Market St., Suite 810  San Francisco, CA 94102-5303  ATTORNEY FOR (Name): People of the State of California Insert name of court and name of judicial district and branch court, if any: Superior Court  PLAINTIFF/PETITIONER: People of the State of California, by and through the California Corporat DEFENDANT/RESPONDENT: CorbinMotors.com, Inc. et al	TELEPHONE NO.: 415-557-3544          FOR COURT USE ONLY   ENDORSED FILED SUPERIOR COURT COUNTY OF SAN FRANCISCO  <b>JAN 12 2004</b>  GORDON PARKER, Clerk BY _____ Deputy Clerk
<b>REQUEST FOR DISMISSAL</b> <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Securities	CASE NUMBER: CGC 03420165

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —

**1. TO THE CLERK:** Please **dismiss** this action as follows:

a. (1) ☐ With prejudice      (2) ☒ Without prejudice

b. (1) ☐ Complaint      (2) ☐ Petition

(3) ☐ Cross-complaint filed by (name):

on (date):

(4) ☐ Cross-complaint filed by (name):

on (date):


(5) ☐ Entire action of all parties and all causes of action

(6) ☒ Other (specify):\* Complaint only as to defendants CORBIN MOTORS DAYTONA BEACH, INC., and FRANK ANTHONY LUZI, JR.

Date: January 12, 2004

Douglas M. Gooding

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

  
 (SIGNATURE)  
 Attorney or party without attorney for:


\* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

☐ Plaintiff/Petitioner      ☐ Defendant/Respondent  
☐ Cross-complainant

**2. TO THE CLERK:** Consent to the above dismissal is hereby given.\*\*

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

  
 (SIGNATURE)  
 Attorney or party without attorney for:

\*\* If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581(i) or (j).

☐ Plaintiff/Petitioner      ☐ Defendant/Respondent  
☐ Cross-complainant

(To be completed by clerk)

3. ☐ Dismissal entered as requested on (date):

4. ☐ Dismissal entered on (date): as to only (name):

5. ☐ Dismissal **not entered** as requested for the following reasons (specify):

6. ☐ a. Attorney or party without attorney notified on (date):

b. Attorney or party without attorney not notified. Filing party failed to provide  
☐ a copy to conform      ☐ means to return conformed copy

Date:

Clerk, by \_\_\_\_\_, Deputy